

# **Meeting Minutes**

## **Advisory Body**

**IHS Integrated Diabetes Education Recognition Program**  
**Sample Advisory Body Meeting Minutes**  
CLAREMORE DIABETES PROGRAM  
ADVISORY BOARD MEETING MINUTES

December 5, 2000

Members in Attendance

Members Absent:

Guests Present:

Call to order:

Called the meeting to order at 6:45 p.m.

Minutes of the last meeting:

Minutes from the July 11, 2000 meeting were approved.

Old Business:

1. Task Force for Youth and Type 2 Diabetes – Claremore group met in September. Writing protocols. Handout also being developed.
2. 2001 Budget – 3.57% cost of living raise.
3. 2000 Audit – Compiled the past 6 years of audit results into one document. Will be mailed at the end of the month.

New Business:

FY 2000 Evaluation (refer to graphs)

1. Presented the New Patient Program evaluation.  
Recommendations: Blood pressure be added as a criteria, evaluate how well blood pressure is controlled with individuals diagnosed with hypertension and include pharmaceutical intervention.
2. Presented the GDM evaluation. Discussion of how to increase the number of screens in women with a history of GDM.
3. Presented the Yearly Clinic evaluation. Introduced physician assisting in Yearly and Intensive Management Clinic.  
Recommendation: Compare HBA1C/BP values in the intensive management clinic. Obtain Lipid Clinic data. Results to be presented at next board meeting. Add surgical procedures to Foot Care Services and distinguish services done by CIH Providers and podiatrist. Look at end-stage dialysis and amputations for 2001 report. Provide number of patients with diagnosis hypertension with blood pressure control levels.
4. Discussion of providing diabetes education for professionals within Indian Health Service and tribal clinics.  
Recommendations: Claremore Diabetes Program offer training minimum of 3 times a year for health professionals. Motion supported and seconded.

Adjournment at 8:15 pm. Next meeting will be March 2001 – date to be announced.

**Source: Claremore Diabetes Program**

**Muscogee (Creek) Nation – DHA  
Diabetes Prevention and Management**

**MCN Diabetes Care Advisory Committee**

**Minutes of Meeting  
July 25, 1:30-4:30, 2001  
Lackey Hall, Third Floor Conference Room  
Okmulgee, OK**

**Members Present:**

██████████ D.O., Okmulgee IHC  
██████████ RPh, Okmulgee IHC  
██████████, PHN/Diabetes Educator, Okemah  
██████████, Consumer, Sapulpa  
██████████, CMO and Director Diabetes Project  
██████████, RD/LD and Diabetes Program Dietitian  
██████████, Coordinator Diabetes Program  
██████████, Clinic Nurse, Eufaula

**Members Absent with explanation:**

██████████, Consumer, Eufaula  
██████████, HSA, Sapulpa  
██████████, SW, Behavioral Health Services  
██████████, Communications, DHA  
██████████, Acting CHR Manager

**Meeting started at 1:30 P.M.**

1. **Video, “Diabetes in the Muscogee Creek Nation-A Challenge We Will Win” was shown.** Comments were positive. Film to be shown in clinic waiting areas and to community groups.
2. **Introductions and Welcome:**  
██████████ representative from Sapulpa, attended for the first time. Other attendees introduced themselves and identified their representative role on the Advisory Committee.  
  
██████████, Consumer, Okemah, sent a letter of resignation to ██████████ stating he is unable to participate secondary to job responsibilities.
3. **Approval of the minutes from the last meeting:**  
The minutes of the last meeting, May 23, 2001, were read, discussed and approved with the following correction: ██████████ had told ██████████ before the meeting that she would be unable to attend. The minutes have been corrected and a copy is attached to these minutes.
4. **Review of the formal application for the Diabetes Supplemental Grant submitted to Grants Management on July 13, 2001.**

Committee members reviewed the formal application prior to the meeting.

**Recommendations:**

The committee voted to accept the application as presented with the changes recommended by Mr. [REDACTED]. These were 1) substitute a Foot Care Coordinator for the Dental Hygienist position. Dental Hygienists are already budgeted in the MCN Health Systems and 2) description of the optometry camera should clearly identify how it increases diagnostic and treatment capabilities, i.e. improves onsite diagnostic reliability and offsite transmittal of photos for same day consultation with specialists, and 3) digital cameras for wound management should have the capability of transmitting photos to offsite podiatrist.

5. **Annual Program Review:** The graphs presented at the meeting have been corrected as per committee review. A new copy is attached. It is the official copy. For reference, the document that now has a cover page, "Muscogee (Creek) Nation Diabetes Program – Annual Program Review 2001" has also been paged.

The data presented was from the 2001 Diabetes Audits compared with 1999 and 2000 Audits. The data for the total population was from RPMS. A more comprehensive evaluation of the Education Program will be provided in October.

A. Population: See page 1.

Decreases in past three years are not understood.

**Recommendation:** Work with RPMS staff at DHA and local clinics to identify possible data management solutions. Assure that diabetes registry changes made from a recent chart review in Okmulgee Clinic are showing up on population reports.

B. Demographics: Page 2

Data identifying sex, duration of diabetes and age groups for 65+, 45-64 and 15-44 showed no trends in the past three years. Ranges for demographic data in the four clinics for 2001 were:

Female: 55-61%,

Duration of less than 10 years was 51-63%,

Age 65+ were 27-30%,

Age 45-64 were 43-51% and

Age 15-44 ranged from 19 to 26%.

**No recommendations.**

C. Participation in Education: Page 3

1) Informal education provided by any provider has increased over the past three years for "other all" with this year being the highest at 82%. Diet education steadily increased also with 65% receiving diet education in 2001. Exercise education showed no trend.

2) Participation in the EPIC program increased for persons with new diagnoses from 13% to 46%. Participation in EPIC by all persons with diabetes increased from 8% to 26%.

3) Participation in Basics classes, SBGM, Hypertension and Lipid classes improved from last year: Lipids Class increased from 3% to 9%. Hypertension class increased from 4% to 11%, SBGM Class increased from 15% to 53%. Participation in Hypertension and Lipids Classes did not meet FY2001 Program Objectives. See page

**Recommendations:**

Improve documentation for informal education. Staff did as much as could do. New educator and data entry positions will improve the access, number and consistency of education offerings. Familiarity with programs by presenters, referring staff and patient population will improve confidence and credibility.

- D. Annual Diabetes and Health Maintenance Screening: Page 4 and 5  
Tests for lipid profile and A: C ratio increased over the past three years. The periodontal, foot and eye exams showed no trends. A greater proportion of the targeted population received Pap's, Pneumovax, and Influenza. PPD decreased this year. Members of the committee suggested that all PPD's might have been counted the first two years while this year, only the ones since diagnoses of diabetes had been counted. Tetanus was down this year due to lack of vaccine. The best results were found in clinics with an organized coordinated approach.

**Recommendations:**

Increase access to annual screens. Provide opportunity for patients to assume responsibility for obtaining and setting up time for these screens. Provide reminders before and reinforcement with follow up reports afterwards.

- E. Diabetes Control Levels: (Positive Determinants of Healthy Outcomes): Page 6  
All positive control levels improved for the third consecutive year except for non-smoking status. For 1999, 2000 and 2001 consecutively, the percentage of the diabetes population achieving the levels of control below were as follows:

HbA1c <7.0: 19%, 27% and 33%

BP <130/85: 27%, 32% and 37%

LDL <100: 23%, 35% and 43%

BMI<85%tile: 25%, 32% and 37%

Non-Smokers: 72%, 71% and 65%

**Recommendations:**

The committee was pleased with the increases in positive control levels. They suggested decreased level of non-smokers might be

partially explained by increased documentation of smoking status. The new smoking cessation grant that will soon be in place in all clinics should make an improvement

- F. MCN Data Compared with IHS, ADA Provider Recognition Standards, and Healthy People 2010 Objectives: Pages 7-10  
The 2001 Diabetes Audit results identifying MCN care and control levels compared favorably with IHS averages and ADA Provider Recognition Standards except in education. The Healthy People 2010 Objectives for foot, eye and dental exams were not achieved by MCN on average or by the best results by an MCN clinic. However, the best results in MCN exceeded all IHS averages except for non-smoking.

**Recommendations:**

Continue to put currently planned program in place and monitor results.

Assist clinic staff with at-encounter education activities with handouts and documentation cues. New staff provided through supplemental grant funds should provide the needed resources for improving access to diabetes education.

- G. Evaluation of FY 2001 Goals and Objectives: Page 11  
Most of the formal MCN 2001 and 2001 process and outcome goals were met and many exceeded.

The outcome evaluation for twelve stated objectives for the formal 2001 MCN Diabetes Program Plan showed the following: See page of Evaluation Report. Objectives not met were the following:

- i. Community teams did not receive training in "Strong in Body and Spirit". This is still in planning stages and due to the increased work of planning and implementing the programs made available through the supplemental grant funds, this program will probably be delayed until the Community Dietitian and Exercise Programs Manager is hired.
- ii. Establish a baseline for the number of undiagnosed persons found to have abnormal screens in community screening program. Training of CHR's to implement this program was finished in April of this year. It has not been implemented to date due to the restructuring of the CHR program.
- iii. Persons with uncontrolled hypertension did not participate in the hypertension class. 7% rather than 40% as per the stated objective. Explanation given by Program Staff: The educators focused on the EPIC Program and the SBGM classes and some educators did not have adequate time to offer HTN Class consistently.
- iv. Persons with uncontrolled LDL >130 did not participate in the Lipid-lowering Class, 12% rather than 40%.

Explanation: Same as for HTN Class. Also, the pharmacist and dietitian were designated to teach this class as a team.

Coordination of these two staff member's busy schedule placed a further burden on actualizing these classes.

- v. Persons with Stage 2 foot risk were not fitted for shoes as per stated objective, 23% rather than 60%.

Explanation: The shoe program was available only eight months at the date of this evaluation. Some patients are getting their shoes from vendors other than MCN Podiatrist. These vendors are not in the database. The Stage 2 population here represents partial data due to only 45% of the total diabetes population receiving annual foot exams. The at-risk population this year is based on the 16% on average seen by the Diabetes Program Coordinator at Claremore over the past 17 years.

6. **Application for National Recognition of the MCN Diabetes Self-Management Education Program by the IHS Diabetes Headquarters Program.** This document was distributed at the meeting and is attached to these minutes for those who were absent.

Achievement of national recognition will meet the criteria for reimbursement of the EPIC Program and other formalized curricula by HCFA, now renamed as Center for Medicare and Medicaid Services (CMMS).

The application and the standards for the review were distributed. [REDACTED] and [REDACTED] recommended that the Program Staff proceed to prepare for application by the specified deadline, September 14, 2001.

**Recommendations:**

The committee agreed with this recommendation.

7. **Tribal resolutions presented to the Tribal Health Board**

Two proposed resolutions that were presented to the Tribal Health Board July 23, relating to diabetes was presented for review to the committee.

The first resolution related to obtaining Tribal support and direction of diabetes care in the MCN people. The second related to Tribal support of a NARCH grant that studies a school-based intervention program to prevent diabetes. The Health Board voted to present these to the National Council for approval.

Recommendations: Proceed with current actions.

Adjourned at 3:45 P.M. Next meeting Wednesday, October 24<sup>th</sup>.

Minutes submitted by [REDACTED] and [REDACTED]

**Meeting Minutes**  
**Diabetes Program Team**



**IHS Integrated Diabetes Education Recognition Program**  
**Sample Team Meeting Minutes**  
**Albuquerque Service Unit Diabetes Program**  
**Team Meeting Minutes July 18, 2001**

Present:

Agenda	Discussion	Action	Responsible
Third Floor Renovation	Plans continue to change. Waiting for the final layout drawings of exam rooms for 3 <sup>rd</sup> Floor.	Will follow-up.	Staff
DM Grant Projects	Follow-up on the diabetes work plan: Work continues under the Secondary Prevention Objectives/Service "Clinical management/education of Diabetes in pregnancy."	Need to review curricula from other sites (Sacaton, Claremore) and start work on our curriculum. Staff to set aside 1-2 weeks this fall to work on it.	Staff
ITAS	Follow-up on everyone using the new Integrated Time & Attendance System.	Everything seems to be going well for now. Follow-up needed.	Staff
Supplies/ Purchasing Deadline	a) DCA 2000 Arialyzer	a) OK to purchase	Staff
	b) Laptop	b) Need clarification on procurement process. Follow-up required.	Staff
	c) VCR Monitor	c) Need justification for VCR.	Staff
Program Plan Dates	Set for Oct. 03 (1pm) and Oct. 04 (8am-4:30 pm)	Reserve room at AAO Hdqtrs.	Staff
Model Diabetes Program (MDP) meeting	RSVP out to group as attending the August 1 & 2 <sup>nd</sup> meeting to be held at the Sheraton Old Town.	Some team members will be attending partial days, as there are services to be provided at the field clinics.	Staff
Website	Input requested by regarding website content.	Curriculum; names w/est. #s; policy & procedures; links to other sites, i.e.: AADE, ADA, etc.	Staff
Brochure	Revised the program brochure.	Approval to be sent out for printing. (200 qty.)	Staff
Other	a) Revised the diabetes supply policy. Jemez will continue to receive Sure Step Pro strips.	a. Follow-up with Isleta on supplies needed from program.	Staff
	b) PCC Annual Diabetes Foot Exam forms #HIS 861 and PCC Comprehensive Diabetes Foot Exam form #IHS 858 are available through the Forms Warehouse in Oklahoma City.	b. Info only. Request has been sent to order 100 qty at this time.	Staff
	c) Question on how to monitor the purchase date of shoes, shoe usage and getting documentation in the medical chart.	c. Advised to work with CHS and shoe vendors on providing her with this information. Information on shoe purchases made under the DM Grant needs clarification/review.	Staff
	d) New Patient diabetes clinic had been discontinued.	d. Info only	Staff
	e) PCC Plus is coming soon. The DM program will be able to customize PCC forms.	e. Pending	Staff
	f) Staffer will be leaving the program anytime from the end of Aug. and on.	f. Transition meetings are scheduled with Zia, Santa Ana, Sandia, and Alamo.	Staff
	g) IHS National Diabetes Program has requested that we submit application for their new recognition program.	g. Need to gather information needed for application before September 1.	
	h) Next meeting: August 15		

**Source: Albuquerque Service Unit Diabetes Program**

# **IHS Integrated Diabetes Education Recognition Program Sample Team Meeting Minutes**

Muscogee Creek Nation DHS at \_\_\_\_\_ Health Center  
(Date)

Present:

Absent:

## **Old Business:**

### **1. Agenda Item (Example: FY Program Plan)**

Discussion/Comments: Template for FY Program Plan for this Health Center was reviewed and discussed.

Action/Recommendations: An action plan for each objective that was not met per last year's plan was specified by the team. These are documented using the template offered by the MCN Grant Program. This document is attached to the minutes.

### **2. Agenda Item (Example: Diabetes Program Resources)**

Discussion/Comments: The space needs for diabetes education as presented in the drawing presented will be adequately met with the additions to be included in the modular units.

Action/Recommendations: The drawing of the Diabetes Program space will be included in our Diabetes Program Policy and Procedure Manual.

### **3. Agenda Item (Example: Diabetes Curricula Review)**

Discussion/Comments: Primary and supportive instructors who have reviewed the EPIC Participant Workbook, the EPIC Teaching Guide and the Basics Curricula have signed the documentation tool provided by the MCN Diabetes program. **These are attached.**

Action/Recommendations: Two support instructors will complete their reviews and submit their review statements next week.

## **New Business:**

### **1. Agenda Item (Example: Diabetes Program Policies and Procedures (P&P))**

Discussion/Comments: The staff did not have enough time to review this manual. It was noted that the organizational chart is now outdated.

Action/Recommendations: The clinical director and diabetes educator/coordinator will review and sign policy and procedures for Diabetes Self-Management within the next month. Copies of the manual will be provided to each instructor and team member. Revisions may be made by team as needed and updated annually. The supportive statements are good for another year.

2. Agenda Item (Example: Instructional staffing update)

Discussion/Comments: Discussion about the requirements of the team members.

Action/Recommendations: The following persons will make up the Diabetes Team at the \_\_\_\_\_ Clinic.

Primary Instructors Include:

Secondary Instructors Include:

Personnel files for the primary and supportive instructors and others have been updated and filed. These include degrees, years of experience, license and CEUs. **These updates are attached.**

3. Agenda Item (Example: Professional Diabetes Training)

Discussion/Comments: The assessment tool was reviewed and discussed.

**Action Plan/Recommendations:** The patient panel was helpful and should be included. Break out groups for each discipline is beneficial. Diabetes Educator/Coordinator will conduct the needs assessment the week of May 15-19.

4. Agenda Item (Example: Patient Needs Assessment)

Discussion/Comments: The assessment tool was reviewed and items duplicating other surveys done this year identified.

**Action Plan/Recommendations:** The diabetes educator will draft new assessment. The Diabetes Clinic staff will conduct survey the next two months at each regular and annual visit. Goal: 100 surveys. Diabetes Program staff will enter information in database and provide summary results in July with Audit 2002 results.

**Source: Muscogee (Creek) Nation Diabetes Program**

# **IHS Integrated Diabetes Education Recognition Program**

## **Sample Team Meeting Minutes**

### **Diabetes Team Meeting** **February 27, 2002**

Attended Meeting 1/23/02:

#### Old Business:

Updated everyone on the status of the forms we are using for the group classes. The forms have gone to print for the proof read copy. Medical Records will inform the staff of the new forms on Thursday, 1/24/02. The forms will be placed behind the Multi-discipline Patient Education Form.

PDs need to reflect roles the educators and coordinator have assumed. Make the necessary changes as needed. Follow-up on this.

Instructors were informed to submit their resumes and CEUs for the past 2 years. These will be kept in the education department in a folder designated for this use. This was agreed upon by all the team members.

The policies completed to date for the DEPTH program were distributed for review. The team is to make their comments by the March meeting.

Welcomed a new staff member to the group and given an update on the purpose of this group. Agreed to help the RD teach the group classes during the year and will participate in the Diabetes Team meetings. Experience with technical support for the computer systems here at PIMC and will be an asset to our group. Recently joined staff development here at PIMC and comes to us from the Warm Springs Diabetes Program.

Presented information on the Look Ahead Study. Asked our help in distributing fliers to help them with recruitment. The diabetes educators have agreed to assist with this part of the recruitment phase. Suggestions and sites were recommended to help the Look Ahead staff recruit American Indian participants.

Reminded we still need Tribal Support, in the form of a written document, as part of our manual for the DEPTH program. Will draft the letter and submit to for changes. A meeting will be set up with the Tribal Advisory board in February or March to discuss this in detail. Will meet tomorrow on space issues for the diabetes educators.

Discussed the challenges with updating CM package for patients and trying to track patients originally assigned vs. the new patients taken on. Will work with to help update this information on RPMS. Will also ask for assistance with this process and identify when patients should be dismissed or put inactive for f/u with diabetes educators.

Discussed the problems encountered with the Conference Room schedule for this year. There are a few conflicts with the timeframes. Also discussed the status of the active diabetes user list and chart reviews for this. Keep a count of the number of patients found who do not have a diagnosis of diabetes on the medical record.

Presentation at first employee orientation in January given for increased awareness for services provided at PIMC. This helped increase awareness for services provided at PIMC. Also met the ED nurse educator to discuss services available to the ICU and ED staff. Met with acting director of nursing, regarding this same issue. First DEPTH group class to be presented in Salt River on 2/12/02 and 2/26/02.

Update on referral status for diabetes education at the Salt River clinic. Help needed with the Case Management system. Staff offered to assist with the case management package at the Salt River Clinic. Will work with the other medical staff to identify a consumer to participate in the Diabetes Education Advisory Board meeting.

Brief discussion on space issue. Will meet tomorrow to review the new space for the diabetes educators. Also discussed the patient evaluation tool we want to use with patients to evaluate both the DEPTH program as well as the general diabetes services offered by DCOE. The form developed was discussed briefly.

New Business:

- Kidney Booklets
- Changes in Schedule because of space issues
- Peer Review Update
- Ordering booklets for classes – (ask Adrian)
- Gestational Diabetes Curriculum
- Training Interpreters

**Source: Phoenix Indian Medical Center (PIMC) DEPTH Program**

# **Meeting Minutes Agenda**

# **IHS Integrated Diabetes Education Recognition Program Sample Team Meeting Agenda**

Review of Prior Meeting Minutes

Program Goals & Objectives – Progress

Target Audience

Access to Program

Curriculum Changes

Resources

Program Policies – New/Changes/Follow-up

Other

## **Additional for Annual Program Review:**

Summary and Review of Program Outcomes Compared to Program Objectives

Summary and Review of Participant Outcomes Compared to Participant Objectives

- a. Individual Learning Objectives
- b. Behavior change goals

Curriculum Review

Review of Resource Allocations

- a. Physical
- b. Material
- c. Staff
- d. Budget

Comparison of Target and Actual Audience

Program Plan for Next Year (Goals/Objectives)

Other

**Source: IHS Integrated Diabetes Education Recognition Program Sample Materials**